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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/764,180			ing Date 23/2004	☐ To be Mailed
	AF	PPLICATION	AS FILE (Column 1	OTHER THAN SMALL ENTITY OR SMALL ENTITY							
	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A			N/A	
	SEARCH FEE (37 CFR 1.16(k), (I), (or (m))	N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))		minus 3 =				x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	er, the applica for small enti sheets or frac	vings exceed 100 ation size fee due ty) for each tion thereof. See 37 CFR 1.16(s).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter *0* in column 2.							TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMAL	L ENTITY	OR		ER THAN LLL ENTITY
AMENDMENT	01/03/2007	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSL' PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(i))	· 10	Minus	 20	= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0		x \$ =		OR	X \$200=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J))								OR	27.07.9.	
5 14 0 (Column 1) (Column 2) (Column 3)							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
L.,	איוןכ	(Column 1)		(Column 2)	(Column 3)						
/ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,18(1))	. 9	Minus	. 10	= ~		x \$ =		OR	x \$ =	
	independent (37 CFR 1.16(h))	. 2	Minus	2	= ~		x \$ =		OR	xs =	
AMENDA	Application Size Fee (37 CFR 1.16(s))								10		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								nstrument Ex	or kamin	TOTAL ADD'L FEE	
" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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